Major Donor and			WINGON BONGN	COMMITTE	E STATEMENT
Independent Expenditure Com Campaign Statement (Government Code Sections 84200-84216.5)	ı mittee Type	or print in ink.	Date Stamp	CALIFORNIA FORM	461
☐ Amendment	Statement covers period from01/01/2017	Date of election if applicable: (Month, Day,Year)		1/2 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	.			
1. Name and Address Of Filer		3. Summary			
NAME OF FILER (Include name(s) of all affiliated entities whose cor California State Parks Foundation	ntributions are included in this statement.)	(Amounts may be rounded to with the second state of the second se	tributions 00 or more		
MAILING ADDRESS	(NO. AND STREET)	made this period. (Par	t 5.)	\$ —	10000.00
CITY	STATE ZIP CODE	2. Unitemized expenditure contributions (includin \$100 made this period	g loans) under	\$ —	0.00
San Francisco RESPONSIBLE OFFICER (If filer is other than an individual) Rachel Norton	CA 94133 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add 4. Total expenditures and	d contributions d Lines 1 + 2.)		10000.00
2. Nature and Interests of Filer (C	NAME, ADDRESS, AND BUSINESS INTERESTS ME, ADDRESS, AND NATURE OF THE BUSINESS	made from prior stater amount from Line 5 o filed. If this is the first the calendar year, ent	ment. (Enter f last statement t statement for	¢	0.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	5. Total expenditures and (including loans) made	d contributions	φ —	
ADDRESS OF EMPLOYER/BUSINESS	,	January 1 of the curre (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	10000.00
A FILER THAT IS A BUSINESS ENTITY MUST DESENGAGED A FILER THAT IS AN ASSOCIATION MUST PROVI		4. Verification I have used all reasonable reviewed the statement a contained herein is true a the laws of the State of C	nd to the best of my kr and complete. I certify	nowledge the informulate of property of pr	mation perjury under
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS COMMON ECONOMIC INTEREST OF THE GROUP	Executed on	=,	Orton IGNATURE OF INDIVIDUAL D IBLE OFFICER IF OTHER THA		
Non-Profit Organization					

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	01/01/2017	FORM 40	
through	12/31/2017	2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California State Parks Foundation

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/27/2017	Committee for Clean Water Natural Resources at Los Angeles CA 90017 ID: 1398230 Reference No:	Contribution Loan Non-Monetary Contribution Independent Expenditure		California Drought Parks NO: Water Support Oppose	(10000.00)	Calendar Year \$(10000.00) Other

SUBTOTAL \$

0.00